
**Early Learning & Children's
Services Committee**

HB 2846

Brief Description: Establishing a process for entering voluntary out-of-home placement agreements for adoptive children in crisis.

Sponsors: Representatives Kagi, Kenney and Dickerson.

Brief Summary of Bill

- Establishes a program for voluntary placement agreements between parents of children adopted out of foster care and the Department of Social and Health Services to provide residential treatment to adoptive children in crisis.

Hearing Date: 1/24/08

Staff: Sydney Forrester (786-7120).

Background:

Of the approximately 3,000 adoptions finalized in Washington each year, 1,000 are adoptions of children from the foster care system. Almost all children adopted from the state's foster care system are determined to have special needs making them and their adoptive families eligible for Washington's adoption support program. There are approximately 12,000 adoption support contracts in place with approximately 6,000 families in Washington. Approximately 750 children in foster care are legally free and waiting for adoptive homes.

Adoption Support

Special needs eligibility is determined by meeting three main criteria:

- (1) The state has determined that the child can not or should not be returned home;
- (2) Efforts to place the child for adoption without adoption support have been unsuccessful; and
- (3) The child's age, ethnicity, disability or risk of diagnosis of disability, or placement in a sibling group of three or more, qualifies the child as having special needs.

Post-adoption support benefits for special needs children may include:

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- (1) medical and dental services paid through Medicaid;
- (2) pre-authorized counseling;
- (3) assistance with non-recurring adoption costs;
- (4) pre-authorized training; and
- (5) adoption subsidy, a negotiated monthly payment to help cover some of the expenses of raising a child with special needs.

The state's standard adoption support agreement indicates that adoption support does not pay for residential services and includes a reference to the statute amended in section four of the bill stating that the Department of Social and Health Services (DSHS) can not make payment for a child in group care unless the DSHS has custody of the child.

Voluntary Placement Agreements for Children with Developmental Disabilities

The DSHS is authorized to enter into voluntary placement agreements (VPA) with parents of children who are developmentally disabled for the placement of children in group homes or in treatment foster care homes. VPAs may be needed when the child's age, size, or functioning are beyond the parent's ability to manage or when the child's behavior places other family members at risk of injury. VPAs for children with developmental disabilities may be entered into only when the sole reason for the placement is the child's disability. Under a VPA regarding a child with a developmental disability, the parent retains custody of the child and may terminate the agreement at any time. When a long-term placement is anticipated, judicial review of the agreement is required. Permanency planning for the child is the joint responsibility of the DSHS and the parent.

Summary of Bill:

The DSHS is authorized to enter into VPA with parents who have adopted a child from the foster care system for the purpose of accessing residential treatment for children in crisis. A parent may request and the DSHS may agree to enter into a VPA under the following circumstances:

- (1) A licensed mental health professional has determined that residential placement is a medical necessity;
- (2) Less intensive or traditional adoption supports have been unsuccessful or are likely to be unsuccessful in stabilizing the child's behavior and functioning; and
- (3) The parent has no reasonable alternative to accessing the level of care necessary to meet the child's needs and preserve the adoption.

Under a VPA, the parent retains legal custody of the child and DSHS assumes responsibility for the placement and care of the child as well as the costs of care. The VPA is developed jointly by the parent, the child's mental health provider, and the DSHS and must include a plan for the child's eventual return home. If the agreement anticipates the child will be in care longer than 180 days, judicial review is required to determine whether the VPA is in the child's best interest. Either party to the agreement may terminate the VPA at any time, and upon termination the child must be immediately returned home.

Whenever a child who is age thirteen years or older does not consent to the terms of a VPA for inpatient treatment, the provisions for children's mental health treatment will apply.

Appropriation: None.

Fiscal Note: Requested on January 16, 2008.

Effective Date: The bill takes effect 90 days after adjournment of session in which bill is passed.